Washington State Department of Health

Guidelines for Management of HIV+ Pregnant Women Birthing in Washington State Hospitals:

Hospital Preparation Checklist

Spring 2004

Hospital Preparation for Client Management

1. ☐ After notification by client's obstetric provider, the hospital contact meets with representatives from units anticipating involvement in care of client and newborn (such as nursing, pediatrics, pharmacy, laboratory and emergency room) to coordinate client's care needs.
2. ☐ Locate hospital policies and procedures for care of HIV+ pregnant client and newborn. Revise or develop as needed.
3. ☐ Provide in-service education to potential care providers (perinatal/neonatal nursing staff, pharmacy, laboratory, and emergency room staff) as indicated.
4. ☐ Determine that Pharmacy has IV Zidovudine (ZDV) for intrapartum administration:*
   - ❑ Ensure supply of at least 1 vial (20ml-10mg/1ml) for loading dose of 2mg/kg over 1 hour and additional vials to cover 1mg/kg/hr continuous drip during labor and delivery until cord is cut.
   - ❑ Determine the client's current other antiretrovirals and have them available, or arrange for the client to bring these medications to L&D, or have an emergency way of obtaining.
5. ☐ Determine that Pharmacy has ZDV for infant:*
   - ❑ ZDV is supplied in 240ml bottle. 50ml of liquid ZDV should be a sufficient supply for the infant's hospital stay and for 2 weeks after discharge. 150ml should be an adequate supply for a prescribed ZDV regimen of 6 weeks.
6. ☐ Determine that Laboratory has capability to run HIV RNA PCR (ultrasensitive) for mother and HIV DNA PCR for infant. If no capacity, contact the hospital's reference lab or contact UW Retrovirus Laboratory at 206-341-5210, Monday –Friday, 8 am – 7 pm, to arrange for transport of specimen to UWMC. Specimen may be refrigerated up to 3 days prior to transport. UWMC runs this test once/month.

In-Hospital Care of Client and Newborn

Intrapartum Care

1. ☐ On admission, draw CBC, T cell subsets, SGPT, creatinine and HIV RNA PCR (ultrasensitive). Blood for HIV RNA PCR must be collected in EDTA or ACD tubes.

   *If a pregnant woman's HIV status is unknown in labor, consider rapid HIV test ** with confirmatory Western blot if rapid test is positive. If rapid test is HIV positive, therapy is initiated pending results of Western blot. Draw maternal CBC, T cell subsets, SGPT, creatinine and HIV RNA PCR (ultrasensitive). Maternal and newborn treatment for HIV+ status will be discontinued if the confirmatory test is negative.*

(OVER)

*Information about HIV medications for pregnant and postpartum women and newborns outdates quickly. For current recommendations, contact HIV OB Specialist Dr. Jane Hitti or the perinatologist on call at UWMC at 1-800-326-5300 or go to http://www.aidsinfo.nih.gov/

** For a copy of the Washington State Department of Health's OraQuick® Rapid HIV Testing and Counseling Guide: http://www.doh.wa.gov/cfh/HIV_AIDS/Prev_Edu/rapid_testing_guide.htm

This document was created by a multidisciplinary team from the Washington State Department of Health, Northwest Family Center, University of Washington School of Medicine, Children's Hospital and Regional Medical Center, and Northwest Regional Perinatal Program

2. ☐ Follow standard prescribed regimen for drug administration during labor*. Refer to "Screening and Management of Maternal HIV Infection: Implications for Mother and Infant." (download or order copies at http://www.doh.wa.gov/cfh/mch/MCHPublications.htm) or refer to "USPH Perinatal Guidelines" at (www.aidsinfo.nih.gov)

Newborn Care

3. ☐ Draw a baseline CBC with differential and ALT/AST before starting ZDV (may use cord blood for the CBC and ALT/AST).
4. ☐ Obtain an HIV DNA PCR. Draw 2cc blood (not cord blood) in an EDTA lavender-top tube.
5. ☐ Follow standard prescribed regimen for drug administration to the newborn.* Refer to "Screening and Management of Maternal HIV Infection: Implications for Mother and Infant" (download or order copies at http://www.doh.wa.gov/cfh/mch/MCHPublications.htm) or refer to "USPH Perinatal Guidelines" (www.aidsinfo.nih.gov)
6. ☐ For questions regarding management of the infant, please contact Pediatric HIV Specialist through the Division of Infectious Disease at Children's Hospital and Regional Medical Center at 1-866-987-2000.

Postpartum/Discharge Care

7. ☐ Refer to "Screening and Management of Maternal HIV Infection: Implications for Mother and Infant" (download or order copies at http://www.doh.wa.gov/cfh/mch/MCHPublications.htm) for continued management.
8. ☐ Coordinate medical care and HIV case management for mother and infant prior to discharge. Consider referral for infant to Pediatric Nurse Practitioner at Northwest Family Center clinic at Madison Clinic, Harborview Medical Center (206-731-5100), or refer to Pediatric HIV Specialist at Children's Hospital and Regional Medical Center by calling 206-987-2535 or 1-877-528-2700.
9. ☐ Determine if mother has public health nurse and an HIV case manager or refer to local health department HIV case management program or to Northwest Family Center at 206-731-3066 or 1-800-462-4965 and ask for Coordinator of Statewide Services.
10. ☐ Assist client to alert local pharmacy of on-going medication needs for HIV exposed infant and self. This ensures that medications will available when needed.

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